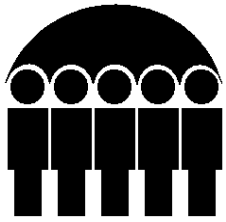
March 28, 2008

Employees' Manual
Title 17
Chapter F(3)

CHILD WELFARE

ADDITIONAL PERMANENT PLACEMENT INFORMATION



Iowa
Department
of
Human Services

Topic 1: Definition of Terms Used in Permanent Placement

Link to Procedure

"Adoption" means a legal and social process through which a child becomes a member of a family into which the child was not born. Adoption provides the child the same rights, privileges, and duties as a birth child.

"Adoption service" means a service directed towards children who are legally available for adoption, the birth family, the prospective adoptive family, and the adoptive family.

"Adoptive family" means an approved person or persons who:

- Have a child placed in their home and are being supervised before finalizing the adoption, or
- Have a child in their home who is legally adopted and entitled to the same benefits as a child born into the family.

"Adoptive home study" includes:

- An assessment of the family's parental attributes.
- A written report stating approval or nonapproval of the family for adoptive placement of a child or children.

"Background report" or **"child study"** or **"social history"** means a written description of the child that includes:

- The child's strengths and needs;
- The child's medical, mental, social, educational, placement, and court histories;
- A description of the child's relationships with the birth family, foster family, and significant others;
- A summary of the child's understanding and feeling about adoption; and
- Recommendations as to the type of family that can best meet the child's needs.

"Child" means:

- For guardianship subsidy, a person who has not attained the age of 18.
- For adoption subsidy, a person who has not attained the age of 18 or a person with a physical or mental disability who has not attained the age of 21.

"Consanguinity within the fourth degree" means a blood relationship by descent from a common ancestor. "Degrees" of consanguinity are defined as follows:

- First degree: sons, daughters, brothers, sisters, parents
- Second degree: grandsons, granddaughters, grandparents, nieces, nephews, aunts, uncles, and first cousins
- Third degree: great-grandsons, great-granddaughters, great-grandparents, great-nieces, great-nephews, great-aunts, great-uncles, first cousins once removed, and second cousins (children of people who are first cousins to each other)
- Fourth degree: great-great-grandsons, great-great-granddaughters, great-great-grandparents, great-grand nieces, great-grand nephews, great-grand-aunts, great-grand-uncles, first cousins twice removed, second cousins once removed, and third cousins (children of people who are second cousins to each other)

"Court-ordered studies" means home studies ordered by a judge for the purpose of determining custody of a child or placement of a child for the purpose of adoption.

"Department" means the Iowa Department of Human Services.

"Easy-to-place child" means a healthy child who does not meet one or more of the criteria of a child with special needs.

"Foster family adoption" means the adoption of a child by a licensed foster family who has cared for the child.

"Guardian" means a person who is not the parent of a child, but who has been appointed by a court or juvenile court having jurisdiction over the child to:

- Have a permanent self-sustaining relationship with the child, and
- Make important decisions that have a permanent effect on the life and development of that child and to promote the general welfare of that child.

Unless otherwise enlarged or circumscribed by a court having jurisdiction over the child or by operation of law, the right and duties of a guardian with respect to a child are as follows:

- To consent to marriage, enlistment in the armed forces of the United States, or medical, psychiatric, or surgical treatment.
- To serve as guardian ad litem, unless the interests of the guardian conflict with the interests of the child or unless another person has been appointed guardian ad litem.
- To serve as custodian, unless another person has been appointed custodian.

- To make periodic visitations if the guardian does not have physical possession or custody of the child.
- To consent to adoption and to make any other decision that the parents could have made when the parent-child relationship existed.
- To make other decisions involving protection, education, and care and control of the child.
- Make an annual report to the court. (See form 470-3355, *Adoption Report to the Court*, for an example of a potential format.)

"Guardianship record" means a case record regarding a child, established and retained by the Department, when the Department is named guardian of the child by court order. The purpose of the guardianship record is to collect and maintain information about the child and the birth family, legal documents, and other information that will assist in fulfilling the responsibility of guardian.

"Guardianship subsidy" means a monthly payment to assist in covering the cost of room, board, clothing, and spending money for the child.

"Life book" means a compilation of information about the child to assist the child in dealing with separation and loss issues. The life book shall provide background and genealogical data which includes:

- Birth information and photographs of the child.
- Placement history, including:
  - Dates of placement.
  - Names of caretakers.
  - Reasons for leaving the placement.
  - Relationships.
- School reports.
- Social, medical, and mental health developmental history.
- Awards received.
- Important events and letters from significant persons.
- Other information that the child wishes to include.

"Placement services" include the activities and travel necessary to place the child in the adoptive family.

"Postadoption services" include those services that an adoptive family may access after the adoption is finalized to assist the family in coping with and resolving problems within the family. These services may be obtained through Iowa KidsNet, community resources, the Department, or support groups.

"Postplacement services" include the supervision, support, and intervention necessary before finalization to assist in maintaining the adoptive placement.

"Preadoptive family" means an adoptive family with a child placed in the home whose adoption has not been finalized.

"Preparation of child" includes activities necessary to ready the child for placement into an adoptive family.

"Preparation of family" includes the activities necessary to assist the family in adding an adoptive child as a new member of their family.

"Preplacement visits" means contacts, activities, and visits between the child and adoptive family before the adoptive placement.

"Procedendo" means an order issued by the supreme court returning jurisdiction to the district court after a final appellate decision regarding an appeal.

"PS-MAPP" (Partnering for Safety and Permanence Model Approach to Partnership in Parenting) is the approved foster/adoptive parent preservice preparation, selection, and training curriculum.

"Recruitment" includes activities designed to identify individuals or families who may be prospective adoptive families for a special needs child or children.

"Release of custody services" includes providing information regarding options to assist parents in making permanent plans for their child and counseling regarding the resulting personal and emotional issues of the child.

"Screening" includes an initial contact and interview with an individual or family to determine if the individual or family wishes to adopt a special needs child or children and whether or not to proceed with a preplacement assessment and adoptive home study.

"Selection of family" means reviewing approved home studies to match a family's strengths with a specific child's needs.

"Sibling group" for the purposes of the guardianship subsidy program, means at least two children, including adopted children, who are whole or half siblings with a common parent. Stepsiblings are not included as part of the sibling group.

"Special needs" means that the child meets one or more of the following criteria:

- The child has a medically diagnosed disability which:
  - Substantially limits one or more major life activities.
  - Requires professional treatment, assistance in self-care, or the purchase of special equipment.
- The child has been determined to be mentally retarded by a qualified mental retardation professional.
- The child is at high risk of:
  - Having mental retardation, as determined by a qualified mental retardation professional.
  - Having an emotional disability, as determined by a qualified mental health professional.
  - Having a physical disability, as determined by a physician.

  NOTE: Until a determination has been made that the child has mental retardation, an emotional disability, or a physical disability, only a special services subsidy can be provided.
- The child has been diagnosed by a qualified mental health professional to have a psychiatric condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires professional services.
- The child has been diagnosed by a qualified mental health professional to have a behavioral or emotional disorder characterized by situationally inappropriate behavior which:
  - Deviates substantially from behavior appropriate to the child's age.
  - Interferes significantly with the child's intellectual, social, and personal adjustment.
- The child is age eight or over and Caucasian.
- The child aged two or older is a member of a minority race or ethnic group, or the child's biological parents are of different races.
- The child is a member of a sibling group of three or more who are placed in the same adoptive home.

Topic 2: Grounds for Termination of Parental Rights

Link to Procedure

Iowa Code section 232.116 provides that the juvenile court may order the termination of parental rights based on any of the following grounds:

- The child has been abandoned or deserted.
- The child is a newborn infant whose parent has voluntarily released custody of the child in accordance with the Newborn Safe Haven Act.
- The parents voluntarily and intelligently consent to the termination of parental rights and the parent-child relationship and for good cause desire the termination.
- The parent has been convicted of a felony offense that is a criminal offense against a minor, is divorced from or was never married to the minor's other parent, and is serving a minimum sentence of confinement of at least five years for that offense.
- The child or another child in the same family has been adjudicated a child in need of assistance after a finding that the child was physically or sexually abused or neglected as the result of the acts or omissions of one or both parents, and after the adjudication:
  - The parents were offered or received services to correct the circumstance that led to the adjudication; and
  - The circumstance continues to exist despite the offer or receipt of services.
- The child meets the definition of child in need of assistance based on a finding of physical or sexual abuse or neglect as a result of the acts or omissions of one or both parents and:
  - The abuse or neglect posed a significant risk to the life of the child or constituted imminent danger to the child; and
  - The offer or receipt of services would not correct the conditions that led to the abuse or neglect of the child within a reasonable period.

When the child has been **adjudicated a child in need of assistance**, the following additional grounds apply:

- The court has terminated parental rights with respect to another child in the same family, either in Iowa or by a court in another state, and:
  - The parent continues to lack the ability or willingness to respond to services which would correct the situation, and
  - An additional period of rehabilitation would not correct the situation.
- The circumstances surrounding the parent's conviction for one of the following result in a finding of imminent danger to the child:
  - Child endangerment resulting in the death of the child's sibling;
  - Three or more acts of child endangerment involving the child, the child's sibling, or another child in the household; or
  - Child endangerment resulting in a serious injury to the child, the child's sibling, or another child in the household.
- Custody has been transferred from the child's parents for placement, and the parent found to have physically or sexually abused or neglected the child has been:
  - Convicted of a felony and
  - Imprisoned for physically or sexually abusing or neglecting the child, the child's sibling, or any other child in the household.
- Custody has been transferred from the child's parents for placement, and either:
  - The parent has been imprisoned for a crime against the child, the child's sibling, or another child in the household, or
  - The parent has been imprisoned and it is unlikely that the parent will be released from prison for a period of five or more years.
- Custody has been transferred from the child's parents for placement, and:
  - The parent has a chronic mental illness, has been repeatedly institutionalized for mental illness, and presents a danger to self or others as evidenced by prior acts; and
  - The parent's prognosis indicates that the child will not be able to be returned to the custody of the parent within a reasonable period of time considering the child's age and need for a permanent home.

- Custody has been transferred from the child's parents for placement, and:
  - The parent has a severe, chronic substance abuse problem, and presents a danger to self or others as evidenced by prior acts; and
  - The parent's prognosis indicates that the child will not be able to be returned to the custody of the parent within a reasonable period of time considering the child's age and need for a permanent home.
- The child has been removed from the physical custody of the child's parents for a period of at least six consecutive months and there is clear and convincing evidence that:
  - The parents have not maintained significant and meaningful contact with the child during the previous six consecutive months; and
  - The parents have made no reasonable efforts to resume care of the child despite being given the opportunity to do so.

  "Significant and meaningful contact" includes the affirmative assumption by the parents of the duties encompassed by the role of being a parent. In addition to financial obligations, this duty requires that the parents:
  - Maintain continued interest in the child,
  - Establish and maintain a place of importance in the child's life,
  - Make a genuine effort to maintain communication with the child, and
  - Make a genuine effort to complete the responsibilities prescribed in the case permanency plan.
- The child is three years of age or younger and:
  - The child has been removed from the physical custody of the child's parents for at least 6 months of the last 12 months, or has been removed for the last 6 consecutive months and any trial period at home has been less than 30 days.
  - There is clear and convincing evidence that the child cannot be returned to the custody of the child's parents because the child cannot be protected from physical abuse or some other harm.
- The child is four years of age or older and:
  - The child has been removed from the physical custody of the child's parents for at least 12 of the last 18 months or has been removed for the last 12 consecutive months and any trial period at home has been less than 30 days.
  - There is clear and convincing evidence that the child cannot be returned to the custody of the child's parents because the child cannot be protected from physical abuse or some other harm.

In considering whether to terminate parental rights of a parent, the court shall give primary consideration to the child's safety, to the best placement for furthering the long-term nurturing and growth of the child, and to the physical, mental, and emotional condition and needs of the child. This consideration may include any of the following:

- Whether the parent's ability to provide the needs of the child is affected by the parent's mental capacity or mental condition or the parent's imprisonment for a felony.
- For a child who has been placed in foster family care, any relevant testimony or written statement provided by the child's foster parents.
- For a child who has been placed in foster family care:
  - Whether the child has become integrated into the foster family to the extent that the child's familial identity is with the foster family, and
  - Whether the foster family is able and willing to permanently integrate the child into the foster family.

  In considering integration into a foster family, the court shall review the following:
  - The length of time the child has lived in a stable, satisfactory environment and the desirability of maintaining that environment and continuity for the child.
  - The reasonable preference of the child, if the court determines that the child has sufficient capacity to express a reasonable preference.

The court need not terminate the parent-child relationship if the court finds any of the following:

- A relative has legal custody of the child.
- The child is over ten years of age and objects to the termination.
- There is clear and convincing evidence that the termination would be detrimental to the child at the time due to the closeness of the parent-child relationship.
- It is necessary to place the child in a hospital, facility, or institution for care and treatment and the continuation of the parent-child relationship is not preventing a permanent family placement for the child.
- The absence of a parent is due to the parent's admission or commitment to any institution, hospital, or health facility or due to active service in the state or federal armed forces.

Topic 3: Registration of Children on Iowa Adoption Exchange System

Link to Procedure

1. The adoption worker will enter the child on the Iowa Adoption Exchange System (IAES) within 60 days of the termination of parental rights court order. This timeline applies when the birth parents are appealing the termination and no one with a significant relationship is being considered as a prospective adoptive family. Procedures for registering a child on IAES are found in the IAES FACS Desk Aid.

2. The adoption worker may request to defer the registration of a child on IAES through the FACS system if any of the following conditions exist:

   - The child is in an adoptive placement.
   - The child's foster parents or another person with a significant relationship is being considered as the adoptive family.
   - The child needs diagnostic study or testing to clarify the child's needs and provide an adequate description of them.
   - The child is receiving medical care or mental health treatment, and the child's care or treatment provider has determined that meeting prospective adoptive parents is not in the child's best interest.
   - The child is 14 years of age or older and will not consent to an adoptive plan, and the consequences of not being adopted have been explained to the child.
   - The termination of parental rights is under appeal by the birth parents and foster parents or other persons with a significant relationship continue to be considered as the prospective adoptive family.
   - The court prohibits IAES registration and orders the child placed in another planned permanent living arrangement.

3. The adoption program manager will grant the deferral upon receipt of a request via FACS based on one of the above conditions and in accordance with the guidelines below:

   - A deferral for medical care or mental health treatment shall be granted for no more than 120 days.

- A deferral for diagnostic study or consideration of adoption by a person with a significant relationship shall be granted for no more than 90 days, unless the order terminating parental rights is appealed. If a significant person continues to be considered as a prospective adoptive family, the deferral may be extended until 60 days after a final decision on the appeal.

4. When a deferral expires, the adoption worker will register the child on IAES if the child does not qualify for another deferral category.

News Media Presentation of Waiting Children

You may be contacted by the Adoption Recruitment Project, television stations, or newspapers to assist in arranging media presentations for children waiting for adoption. Only children who have been listed on the Iowa Adoption Exchange and who have no possible matches pending will be chosen for presentation.

It is your role to:

- Determine whether media presentation of the child is advisable at the time; and
- Secure authorization for the media presentation from the service area manager or designee serving as guardian of the child.

Topic 4: Photo Listing of Child

Link to Procedure

After the child is registered on the IAES, immediately arrange to have the child's photograph taken and complete the necessary forms. Follow the procedures listed below when a child's photograph is needed.

1. Photographers who are affiliated with the Iowa Photographers Association should take the photographs. Contact Iowa KidsNet at 515-271-7399 to obtain the name and address of a photographer located near the child.

2. Contact the photographer and schedule an appointment. When the photographer is contacted to schedule an appointment, mention that the child is part of the Iowa KidsNet project.

3. When a photographer has been identified and an appointment for a photo session has been made, complete form 470-3350, *Photography Record*, for each child not in a sibling group. NOTE: All members of a sibling group should be included on one form. Fax the completed form to Iowa KidsNet.

4. Complete form 470-3351, *Waiting Child Enrollment,* on each child.

   - All of the information contained in the enrollment form will allow Iowa KidsNet to register the child on their web site, compose the child's biography, and register the child with AdoptUsKids, if desired.
   - If you have a sibling group to list with Iowa KidsNet, please complete a separate enrollment form for each child in the sibling group.
   - If a child remains listed with Iowa KidsNet for an extended period, the enrollment form may be completed a second time to provide updated information on a child.

5. If you do not want a child listed with AdoptUsKids, complete form 470-4155, *AdoptUsKids Website Waiver*.

   The *AdoptUsKids Website Waiver* form is used ONLY when you do not want Iowa KidsNet to register a child or sibling group on the AdoptUsKids national photolisting web site. In some instances, it may be in the child's best interests to recruit adoptive families who reside only in Iowa. In those cases, Iowa KidsNet would not want to list the child on AdoptUsKids. This form documents this request.

6. E-mail, fax or mail the completed photography form, enrollment form, and the *AdoptUsKids Website Waiver* form (if needed) to Iowa KidsNet after arrangements have been made for the child's photo to be taken.

7. You have the option of taking the child to the photo session or coordinating this activity with the foster family or another appropriate person.

Topic 5: Record Check Process

Link to Procedure
Link to Practice Guidance

When a family applies to adopt, the recruitment and retention contractor will initiate record checks (child abuse registry, public safety, sex offender registry, and fingerprinting) on the family.

1. The contractor shall conduct state and national record checks for anyone who is 14 years of age or older living in the home of the prospective adoptive family to determine whether the person has founded child abuse reports or criminal convictions or has been placed on the sex offender registry.

2. If anyone living in the home of the prospective adoptive family has a record of a founded abuse or a criminal conviction, or placement on the sex offender registry, offer to evaluate the record. EXCEPTION: Do **not** request an evaluation and do **not** approve the adoptive family if the anyone living in the home has been convicted of a felony offense as set forth in Iowa Code section 600.8(2)"b," including:

   - Domestic abuse
   - A forcible felony
   - A drug-related offense committed within the last five years
   - A crime against a child, including sexual exploitation of a minor
   - Child endangerment or neglect or abandonment of a dependent person

   NOTE: When a decision is made not to approve an adoptive family based on an evaluation of the criminal record, it is not necessary to complete the home study.

3. If anyone living in the home of the prospective adoptive family has a record of a founded abuse or criminal conviction that is not listed above, the contractor will send that person form 470-2310, *Record Check Evaluation*, and notify the person that the form must be returned within ten calendar days of the date on the form.

   The information on the evaluation form is used to assist in the evaluation. Do **not** approve the applicant as an adoptive family unless an evaluation of the abuse or criminal conviction determines that the abuse or criminal conviction does not warrant prohibition of the approval.

4. Failure to complete and return the evaluation form within the specified period will result in a denial of the study. If the applicant fails to complete the evaluation form, mail the applicant form 470-2386, *Record Check Decision*.

5. When the person completes and submits form 470-2310, the service area manager or designee will conduct an evaluation to determine whether the abuse or criminal conviction does or does not warrant prohibition of approval. The service area manager's standing team or rotating team will consider the applicant based on an evaluation of:

   - The nature and seriousness of the abuse or crime
   - The time elapsed since commission of the abuse or crime
   - The circumstances under which the abuse or crime occurred
   - The degree of rehabilitation
   - The likelihood that the person will commit the abuse or crime again
   - The number of abuses or crimes committed by the person

6. Within 30 days of receipt of the completed form 470-2310, the service area manager or designee will mail to the person on whom the record check was completed form 470-2386, *Record Check Decision*, which explains the decision reached regarding the evaluation of an abuse record or criminal conviction.

Topic 6: PS-MAPP Program

Link to Procedure

The curriculum the Department uses for preparing prospective adoptive and foster parents is Partnering for Safety and Permanence - The Model Approach to Partnerships in Parenting (PS-MAPP). Successful completion of the curriculum is evidenced by possession of form 470-2066, *PS-MAPP Parent Preparation Certificate of Completion*.

Core Competencies for PS-MAPP

PS-MAPP develops five abilities that are essential for foster and adoptive parents to promote children's safety, permanence and well-being:

- Foster and adoptive parents will be able to meet the developmental and well-being needs of children and youth coming into foster care or being adopted through foster care.
- Foster and adoptive parents will be able to meet the safety needs of children and youth coming into foster care or being adopted through foster care.
- Foster parents will be able to share parenting with a child's family.
- Foster parents will be able to support concurrent planning for permanency.
- Foster and adoptive parents will be able to meet their family's needs in ways that assure a child's safety and well-being.

Assessment and Development Tools of PS-MAPP

Partnering for Safety and Permanence is fully documented for new leaders through a Leader's Guide with over 700 pages of content and process, a Participant Handbook for prospective resource parents, a companion community education and recruitment guide, a companion leader's guide for conducting children's groups, and six companion videos.

Because PS-MAPP is both a preparation and selection program, it includes the following family and individual assessment and development tools:

PS-MAPP Meetings

The ten PS-MAPP meetings are designed to mutually prepare, assess, and make selection decisions with prospective resource families based upon the family's willingness, ability and commitment to develop and use five core abilities.

Each participant learns specific critical skills, which are practiced during the development process. The focus on skills-building assures that preparation/selection workers can see the skills in action in order to document the skills in the home study.

More importantly, the preparation/selection workers are trained to provide developmental feedback to prospective resource parents, so that the parents can actually learn new skills or determine for themselves that they are unable or unwilling to perform the essential required skills.

Eco-Map

The Eco-Map, which was created by Ann Hartman,[i] describes and assesses the family's sources and expenditures of energy. Each family completes an Eco-Map using form 470-4086 or 470-4086(S).

Family Map

The Family Map, which was created by John Williams,[ii] describes and assesses the family's boundary, power and authority systems. Each family completes a Family Map using form 470-4087 or 470-4087(S).

PS-MAPP Profile

Form 470-4019 or 470-4019(S), *PS-MAPP Family Profile*, is completed by the members of a prospective resource family to describe and assess the prospective family's strengths and needs in the family's own words.

PS-MAPP Family Consultations

The consultations between the PS-MAPP leader and members of the prospective resource family offer private time for the family and the PS-MAPP leader to discuss strengths, progress, and family needs and to plan ways to meet identified needs. The home study worker completes form 470-4029, *PS-MAPP Family Profile Summary*, to:

- Summarize the family's strengths and needs and reasons for participating in foster care or adoption;
- Recommend next steps for the family; and
- Provide guidelines for agency staff for supporting the family.

Strengths Approach - Strengths/Needs Assessments

The PS-MAPP program uses the strengths approach to family assessment and development. The strengths approach helps the PS-MAPP leader and the family to focus on strengths related to the critical skills required of parents and to frame problems or challenges, as professional development needs.

Both PS-MAPP leaders and prospective resource parents are responsible for assessing strengths and needs, using the following forms:

- 470-4021 or 470-4021(S), *Strengths/Needs Worksheet After Meetings 1 and 2*;
- 470-4089 or 470-4089(S), *Strengths/Needs Worksheet After Meetings 3 and 4*;
- 470-4090 or 470-4090(S), Strengths/Needs Worksheet After Meeting 5;
- 470-4091 or 470-4091(S), *Strengths/Needs Worksheet After Meetings 6 and 7*;
- 470-4024 or 470-4024(S), *Strengths/Needs Worksheet for Fertility Issues;* and
- 470-4022 or 470-4022(S), *Final Strengths/Needs Worksheet*.

Professional Development Plan

Form 470-4023, *Professional Development Plan*, is both a document and a process designed to mutually develop with a family a plan for the family's growth and development as a resource family or as a child welfare advocate, should the family decide that fostering or adopting is not right for them at this time.

Summary and Recommendation

Although the summary and recommendation document summarizes the PS-MAPP process of a prospective resource family, it is also a development tool, in that the family and the PS-MAPP leader mutually negotiate its content.

Form 470-4029, *PS-MAPP Family Profile Summary*, is designed to mutually create a summary of the family's behavioral strengths and needs at the completion of the PS-MAPP program and to clearly state next steps for professional development.

Structure of PS-MAPP Meetings

Each of the ten PS-MAPP meetings is three hours and concludes with a "Partnerships in Parenting" activity, during which prospective families identify important, positive themes from the PS-MAPP meeting and hear of real-life successes in fostering or adopting.

Recruitment and Community Education Meeting

The recruitment and community education meeting is a supplemental meeting that introduces prospective foster and adoptive parents, as well as interested community members, to the foster care program. A well-documented and flexible leader's guide helps group facilitators lead discussions based upon the unique needs of the group.

Meeting 1: Welcome to the Preparation and Selection Program

Meeting 1 provides an overview of the purpose of the preparation and mutual selection program. This meeting:

- Clarifies the expectations of participants.
- Clarifies the requirements for licensing or approval.
- Introduces the five core abilities required of all resource parents.
- Familiarizes participants with the legal requirements of foster parenting.
- Addresses two requirements of ASFA, well-being and permanence.
- Includes real-life examples (video and handouts) to help participants apply training information to case examples of children in care.

Meeting 2: A Foster Care and Adoption Experience

Focusing on two requirements of ASFA, well-being and permanence, Meeting 2 identifies strategies for keeping children and youth physically, mentally, emotionally, socially, and spiritually and morally healthy. This meeting:

- Features a sculpting technique that dramatizes the need for shared parenting.
- Demonstrates skills specific to the foster parent role in permanency planning and alliance building. Participants practice with eight highly provocative case examples to determine the well-being needs of children and youth in foster care.
- Includes a strengths/needs assessment of participants' willingness and beginning ability to assure well-being, safety, and permanence for children and youth in foster care or adopted through foster care.

Participants complete form 470-4021, *Strengths/Needs Worksheet After Meetings 1 and 2*, to begin to assess their status in relation to the 12 criteria for mutual selection.

Meeting 3: Losses and Gains

Meeting 3 focuses on loss and practical ways to help children heal from loss. The curriculum utilizes and goes beyond the theories of Kubler-Ross to integrate new theories on loss and healing. In this meeting, participants:

- Identify ways to assess and meet the well-being needs of children and youth in foster care to assure timely permanence.
- Examine the role of life books and the foster parent's role in helping children create life books.

Meeting 4: Helping the Child with Attachments

Meeting 4 helps participants learn how to build, rebuild and support positive attachments and support a child's identity and cultural connections. Participants continue to work with provocative and realistic case examples. The meeting includes a strengths/needs assessment of participants' willingness and ability to help children with their losses and attachments.

Participants complete form 470-4089, *Strengths/Needs Worksheet After Meetings 3 and 4*, to continue to assess their status in relation to the 12 criteria for mutual selection.

Meeting 5: Helping Children Manage Their Behaviors

Meeting 5 examines realistic and often highly provocative behaviors in children who have been physically abused, sexually abused, neglected, or emotionally maltreated. The meeting provides a self-assessment of participants' discipline strengths and needs relative to children in foster care.

Focusing on safety and well-being, the meeting:

- Identifies over 15 specific techniques to help children and youth manage their own behaviors.
- Includes a strengths/needs assessment of participants' ability to keep children safe and help them manage their behaviors.

Participants complete form 470-4090, *Strengths/Needs Worksheet After Meeting 5*, to continue to assess their status in relation to the 12 criteria for mutual selection.

Meeting 6: Helping Children With Birth Family Connections

Meeting 6 examines specific techniques for building alliance with parents of children and youth in foster care, through practice of communication skills, teamwork skills and use of life books. Participants:

- Explore the Multiethnic Placement Act (MEPA) and its amendment (IEP), as well as the Indian Child Welfare Act (ICWA).
- Discuss and practice skills designed to keep children and youth connected to their cultural roots.

Meeting 7: Helping Children Leave Foster Care

Meeting 7 helps prospective foster parents consider the professional team relationships essential to helping children transition from foster care. The meeting:

- Identifies specific skills for building partnerships and effective teams.
- Identifies techniques for helping children move from foster care in planned ways. A video provides a demonstration of transitioning skills.
- Examines adoption and strategies for preventing disruptions and dissolutions.
- Includes a strengths/needs assessment of participants' willingness and ability to help children with their connections.

Participants complete form 470-4091, *Strengths/Needs Worksheet After Meetings 6 and 7*, to continue to assess their status in relation to the 12 criteria for mutual selection.

Meeting 8: Understanding the Impact of Fostering or Adopting

Meeting 8 helps participants consider ways to meet their own needs as they foster or adopt. The meeting:

- Demonstrates ways to manage the conflicting needs of children in foster care and members of the resource family.
- Identifies how families can manage their energy sources and drains and examines changing family relationships. Families learn how to use and develop their own mutual assessment tools, the Eco-Map and Family Map.

Meeting 9: Perspectives in Foster or Adoptive Parenting

Meeting 9 explores the roles of foster parents and agency workers in shared parenting. A video focuses on keeping birth parents empowered and active in their children's lives and models effective communication skills. Participants:

- Practice using effective communication skills, especially in case and family conferencing to support concurrent planning.
- Begin their final strengths/needs assessment.

Meeting 10: Endings and Beginnings

Meeting 10 closes the ten meetings, beginning with a focus on the challenges to teamwork and partnership, such as false allegations of abuse and the challenges of foster parent adoptions. Participants share their strengths and needs, as well as specific ways they have grown professionally during the 10 meetings and family consultations.

Participants complete form 470-4022, *Final Strengths/Needs Worksheet*, to summarize their status and preferences.

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[i] The Eco-Map was developed by Ann Hartman. [Ann Hartman, (1979). *Finding Families: An Ecological Approach to Family Assessment in Adoption*, Sage Publications, Inc., Beverly Hills/London, p. 35].

[ii] The Family Map was developed by John Edwards. [Edwards, John T., *Child Welfare and Substance Abuse Intervention*. Atlanta, Georgia: Child Welfare Institute, 1993].

Topic 7: Identifying Relative Placements

Link to Procedure

When children cannot live safely with their families, the first consideration for placement should be with kinship connections, including noncustodial parents, capable of offering a safe, stable and appropriate home. Placing children with relatives:

- Allows for the least restrictive placement of the child.
- Allows families to rely on their own family members and resources.
- Supports the family's ability to provide continuity and permanency.
- Supports the transmission of a child's family identity, culture, and ethnicity.
- Supports and enhances opportunities for children to stay connected to their biological relatives (especially siblings) and their own communities.

Diligent efforts must be made to identify, evaluate, and consider relatives or other suitable persons who have some reasonable degree of relationship with the child and with whom the child might reside. Document all efforts to place with a relative in the child's case narrative and *Family Case Plan*.

At the point that the child is placed, consider giving preference to an adult relative over a non-related caregiver, provided that the relative caregiver meets all relevant state child protection standards. The noncustodial parent should be the first consideration, unless known concerns exist.

Ask the legal custodian, caretaker, and child what relatives they would choose to have the child placed with on a temporary basis if the safety plan or the plan to prevent placement does not work. A genogram is a useful tool in identifying relative placement possibilities.

If the custodian, caretaker, or child does not identify a relative, ask about the following relatives:

- Noncustodial parent
- Maternal and paternal grandparents
- Adult siblings of the child
- Adult maternal and paternal aunts and uncles of both parents
- First cousin then nephews and nieces
- Great aunts and uncles

If appropriate to the child's developmental stage, ask the following:

- Do you know the relatives?
- Have you been to their house?
- Would you feel safe with them?

When a potential placement is identified, get the person's name, address, phone number, and relationship to the child. Have the parent or caretaker sign a release of information so you can contact this relative. Contact the relative to see if the relative would care for the child on a temporary basis. Ask the following questions:

- Would this placement maintain the child's present daily routine, such as location, school, visitation, and friends?
- Are there any legal, health or safety issues with the relative (such as confirmed child abuse or criminal convictions)? If so, ask for details to confirm and seek other placement options.

Evaluating Relative Placements

The following activities must be completed to assess the safety of the placement:

- Home visit and identification of all persons living in the home.
- Checks with local law enforcement and the Sex Offender Registry on all individuals over the age of 14 who are living in the home.
- Child abuse and criminal history checks on all adults living in the home.

When an appropriate relative placement is identified:

- Get a signed consent from the parent to add the relative to the family team.
- Obtain the date of birth and social security number of the relative.
- Complete a child abuse check and criminal history check.
- Have the relative sign a statement that confirms that the relative has no prior felony convictions or previous founded child abuse reports.

Follow the Procedure for Emergency Placements for locating relatives and conducting record checks.

Procedures for Relative Placements

When a child is placed with a relative or suitable person (kinship care):

- Talk with the caregivers regarding legal and funding options, including the child's eligibility for Medicaid.
- Ask the caregivers about their intent to be licensed as foster parents. Provide licensing materials to the caregivers interested in licensing.

Relatives who are caring for a child may be eligible to receive financial assistance through foster care or the Family Investment Program (FIP). To receive foster care payment, a relative must be licensed as a foster parent.

NOTE: The time limit for a non-relative placement is only 20 days, unless the home becomes licensed as a foster home or the nonrelative assumes legal custody of the child.

Complete the following minimum requirements before or within 30 days of placement unless otherwise specified:

- Placement evaluation and home inventory for temporary approval, completed by a DHS or provider worker or licensing person. If a provider worker completes any of the evaluation or home inventory activities, the provider must notify the DHS worker immediately of any safety concerns.
- A home visit to determine the physical safety of the child and the home.
- An evaluation of the relative's ability to meet the needs of the child, specifically:
  - Safety of the placement.
  - Stability of the placement: the caregiver's relationship with the child and ability to protect, nurture, and care for the child for an extended period.
  - The caregiver's ability to meet the developmental needs of the child, considering the health, age, and special needs of the child.
  - Existing supports, including to maintain the child in the usual school, activities, and structure.
  - History of substance abuse, domestic violence, or mental illness.
  - The caregiver's ability to work cooperatively with the parent, DHS, and the court.

When a child is placed with a relative, waivers for foster care licensing shall be considered on a case-by-case basis. Space and privacy waivers should consider cultural norms.

Include the relative in the family team to develop the case plan to:

- Identify who will protect, care for, support, provide medical care for, and house the child.
- Provide for safety, communication, and visit plan.

Topic 8: Fees for Adoption Services

Link to Procedure

Sliding fee schedules are in effect for the following services:

- Preplacement assessment and adoptive home studies
- Postplacement supervision and reports
- Reassessment and home study updates
- Supplemental reports, including court-ordered home studies for custody

The provision of services for fees is not meant to impose a hardship on any family, but is meant to recoup partially the cost of provision of services, especially court-ordered services, provided by Department workers to families who according to their income and household size should pay a fee for service.

Waive fees for the following persons:

- A family wishing to adopt a child with special needs.
- A relative within the fourth degree of consanguinity wishing to adopt an easy-to-place child under the guardianship of the Department.
- A current or former foster parent wishing to adopt a child with special needs.

When the fee schedule is **applicable**:

1. Verify the family's annual income. Consider all income received from the following sources:
   - Wages or salary
   - Net income from self-employment
   - Social Security
   - Dividends
   - Interest on savings or bonds
   - Income from estates or trusts
   - Net rental income or royalties
   - Pensions and annuities
   - Public assistance or welfare payments
   - Unemployment compensation
   - Workers compensation

- Alimony
- Child support
- Veteran's benefits.

Do **not** count the following:

- Gifts
- Tax refunds
- Capital gains
- Money borrowed
- Withdrawals of bank deposits
- Earnings of a child under 14 years of age
- Home produce used for household consumption
- Lump-sum inheritances or insurance payments or settlements
- Payments from the Low-Income Home Energy Assistance Program
- Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs
- Any grant or loan to any undergraduate student for educational purposes made or insured under the Higher Education Act
- Money received from sale of property, such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property)
- The value of Food Assistance benefits, USDA donated foods, or the value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food program for children under the National School Lunch Act
- Per capita payments or funds held in trust in satisfaction of a judgment of the Indian Claims Commission or the Court of Claims
- Payments made pursuant to the Alaska Native Claims Settlement Act to the extent such payments are except from taxation under Section 21(a) of the Act
- Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies of 1970
- Stipends received by persons for participating in the Foster Grandparent program under Public Law 93-113, Section 418, Part B

- The first $65 and 50% of the remainder of income at a sheltered workshop or work activity center
- Money received under the federal Social Security Persons Achieving Self-Sufficiency (PASS) program or the Income Related Work Expenses (IRWE) program.

2. Determine the size of the adoptive family. Include legal spouses (including common law) and natural or adoptive children who reside in the same household, even if the person is temporarily absent for some reason.

3. Using the countable income and family size, determine the family's income range based on the following chart:

	Income Range Based on Percentage of 1993 Median Income				
Family Size	0-50%	51-70%	71-90%	91-100%	Over 100%
1 Member	$0-9,904	$ 9,905-13,865	$13,866-17,826	$17,827-19,807	$19,808 and over
2 Members	$0-12,950	$12,951-18,131	$18,132-23,311	$23,312-25,901	$25,902 and over
3 Members	$0-15,998	$15,999-22,397	$22,398-28,796	$28,797-31,996	$31,997 and over
4 Members	$0-19,045	$19,046-26,663	$26,664-34,281	$34,282-38,090	$38,091 and over
5 Members	$0-22,092	$22,093-30,929	$30,930-39,765	$39,766-44,184	$44,185 and over
6 Members	$0-25,211	$25,212-35,195	$35,196-45,251	$45,252-50,279	$50,280 and over
7 Members	$0-25,711	$25,712-35,995	$35,996-46,280	$46,281-51,422	$51,423 and over
8 Members	$0-26,282	$26,283-36,974	$36,975-47,308	$47,309-52,564	$52,565 and over
9 or more	For each additional person, add $1,143.				

4. Determine the fee for the applicable service at that income level:

	Fee at This Income Level:				
Service	0-50%	51-70%	71-90%	91-100%	Over 100%
Preplacement home study	$100	$200	$300	$500	$650
Home study update	$50	$100	$150	$150	$200
Postplacement supervision and reports	$100	$100	$150	$150	$200
Court-ordered preplacement assessment or custody home study	$100	$200	$300	$500	$650

Topic 9: Children With HIV or AIDS

Link to Procedure

Acquired immunodeficiency syndrome (AIDS) is a disease that impairs a person's immune system. It affects the body's ability to fight infection and leaves a person vulnerable to opportunistic infections that take advantage of the body's inability to resist disease.

AIDS is caused by the human immunodeficiency virus (HIV). AIDS is actually the final stage in a continuum of infection that results from HIV. HIV disease can be divided into four stages.

- The first stage is "acute retroviral syndrome." This occurs two to three weeks after exposure. A person is highly infectious during this phase as the amount of virus in the blood is very high.

  The syndrome is characterized by flu-like symptoms that may last for 1-2 weeks but then resolve without treatment. Symptoms are present in 80 – 90% of people with primary HIV infection. These symptoms may include fever, malaise, swollen lymph glands (lymphadenopathy), sore throat (pharyngitis), headache, night sweats, myalgia, and rash.

- The second stage is "asymptomatic HIV infection." A person has contracted the virus but does not have any visible symptoms that would indicate that the person is ill.

- The third stage is "symptomatic HIV infection." During this stage, infected persons develop symptoms of illness that may include fever, diarrhea, thrush, weight loss, fatigue, and others.

- The final stage, AIDS, is a clinical diagnosis determined by certain symptoms or diseases identified by the Centers for Disease Control and Prevention or by laboratory evidence of significant deterioration of the immune system.

The progression of HIV disease varies greatly from person to person. Usually, the progression of the illness is much more rapid in children than in adults. Some infants die within months of diagnosis. Other children may have a slow progression of medical problems. Some children may remain symptom-free for many years.

Each service area and state facility has designated one staff person to have primary responsibility for HIV-related issues. Most HIV procedures require the involvement of this designated staff member.

This topic covers procedures used by Department staff members who work with children who may be infected with the HIV virus. It includes:

- Universal precautions for infection control.
- Guidelines for HIV testing of children in foster care.
- Procedures for placement of HIV-infected children.

See 1-C, HIV-Related Information, for more information about the confidentiality requirements for HIV-related information.

Universal Precautions for Infection Control

HIV has been detected in certain body fluids, which include blood, semen, vaginal secretions, breast milk, saliva, tears, and urine. However, only blood, semen, vaginal secretions, and in rare instances, breast milk, have been identified in transmission of HIV from one person to another. There is no documented evidence of HIV transmission by contact with any other body fluid.

Transmission has been documented only through the following four routes:

- Through unprotected oral, anal, or vaginal sexual intercourse.
- Through transfusions of blood or blood products or blood-to-blood contact.
- Through sharing of intravenous needles, syringes, or other drug injection equipment that has been used by an infected person.
- From an infected woman to her fetus during pregnancy or delivery or to her infant through breast-feeding.

A person who is infected can transmit HIV to another person by one of these routes, regardless of whether the person shows symptoms of HIV disease.

Universal precautions are a method of infection control in which all human blood and certain human body fluids are treated as if they are known to be infectious for bloodborne pathogens such as HIV, hepatitis B virus, or hepatitis C virus. Universal precautions include:

- **Preventing contact.** Avoid coming into contact with anyone else's blood whenever possible.
- **Creating barriers.** When it is impossible to avoid contact with blood, place a barrier between yourself and the blood, preferably latex gloves. If gloves are not available, use other items such as plastic wrap, a rolled-up cloth or towel, crumpled paper towels, or a piece of clothing.

- **Killing germs.** The most effective way to kill germs is by handwashing. It is the simplest and best infection control practice. Wash hands vigorously using soap and warm water. Rinse for at least 15 seconds under running water.

  Also kill germs on areas where blood or body fluids have been spilled by soaking up the blood with paper towels, washing the area with soap and water and rinsing it with a solution of one part bleach to ten parts water or other household disinfectant.

HIV Testing of Children in Foster Care

Since recent advances in early intervention and medical care for HIV-infected children offer the prospect of improved health outcomes, early identification of HIV-infected children through testing can provide an important link to appropriate placement and medical treatment.

Who to Test

The need for testing is predominately a medical decision. Therefore, seek guidance from the child's physician as well as from your supervisor and area administrator. Determine the need for HIV testing on a case-by-case basis. Consider:

- The circumstances in a child's background that might place the child at increased risk of HIV infection.
- The child's emotional status and ability to handle the implications of the testing process and possible results.

Possible indications that testing should be requested include the following:

- The physician has recommended it, taking into consideration the child's symptoms and the risk factors in the child's background.
- The child is born to a mother known to be HIV-positive during her pregnancy.
- The child is an infant or toddler whose parent is thought to have practiced high-risk behaviors, and the child's health suggests the possibility of HIV antibodies.
- A person thought to have participated in high-risk behaviors has sexually abused the child, and there was anal or vaginal penetration or oral sex performed.

- The child is a suspected injecting drug user or engages in sexual activity with partners who may have practiced high-risk behaviors or are HIV-infected.
- The child received blood products before 1986 for any reason.
- The child's biological parents received blood products before 1986, and the child was born after the parent's reception of the blood product.
- The child's biological parent or sibling has been diagnosed as HIV-infected or has died of HIV-related illnesses.

High-risk behaviors that may indicate increased risk for HIV infection include:

- Use of IV drugs (including anabolic steroids and hormones).
- Sharing syringes, needles, etc. when using IV drugs.
- Exchanging sex for money, drugs, or favors.
- Having sex with someone who tests positive for HIV.
- Having a sexually transmitted disease.
- Having received blood or blood products before 1986.
- Being male and having sex with other males.
- Having sex with someone who practices any of the above behaviors.

Consent for Testing

The person who has the legal right to make major health care decisions for a minor child (usually the parent or legal guardian) must give consent before the child can be tested for HIV **or** the minor may voluntarily ask for and consent to HIV testing without parental consent.

The consent for an HIV test must always be an informed one. That is, before the test, information concerning HIV testing and how to obtain additional information about HIV infection and risk reduction must be made available to the subject of the test.

Minors must also be informed that upon confirmation of a positive test, their parent or legal guardian will be informed. Minors must give written consent to the testing and the notification process. A parent or legal guardian may give oral or written consent for the testing.

If the parent or legal guardian has the right to give consent and refuses to do so, and the child is determined to fall within the guidelines of children who should be tested, a court order must be obtained to authorize HIV testing.

A health care provider may authorize a test when the following conditions are met:

- The child is unable to give consent for any reason;
- The parent or legal guardian cannot be located or is unavailable; and
- The test results are necessary for diagnostic purposes to provide appropriate urgent medical care.

If parental rights have been terminated and DHS has guardianship of the child, the service area manager has the authority to authorize an HIV test if the child falls within the testing guidelines.

Where to Test

Testing can be done:

- By the child's regular health care provider,
- By the local health department or other Iowa Department of Public Health sponsored test site,
- At the University of Iowa Hospitals and Clinics, or
- In certain circumstances, through use of the Home Access® collection and testing kit, which allows for anonymous testing (particularly in the case of an adolescent who wants the test results to remain anonymous).

Medicaid can pay for HIV testing if a child in foster care meets the testing guidelines, or if the child's doctor recommends the testing as a part of the diagnostic work-up in response to the child's symptoms.

Information and Counseling Before and After Test

The child must receive pre-test information. The person with legal authority to give consent may also be provided with this information. At a minimum, this information should include an explanation of:

- The test itself, including the test's purposes, potential uses, limitations, and the meaning of both positive and negative results.
- The nature of HIV disease, including the relationship between the test results and the disease.
- Information about behaviors that could lead to HIV-infection and methods for minimizing the risk of exposure.

Post-test counseling is required only for those who test positive. Following the positive HIV test of the child, and at the time of giving the positive test result to the person who gave consent for the test, the medical provider ordering the test and the child's caseworker are responsible for ensuring that post-test counseling is provided.

The counseling is to include:

- Coping with the emotional consequences of a positive test result.
- Possible discrimination problems that disclosure of test results may cause.
- Behavior to prevent transmission or contraction of HIV infection.
- Available medical treatment.
- In the case of adolescents, the need to notify any sexual contacts.
- An explanation of those to whom the test results will be disclosed and those who have access to the child's medical record with HIV test results included.

Disclosure of Test Results

Include results of HIV testing in the child's case record. Restrict access to that information to those who are authorized by law and regulation to have access.

In general, staff members cannot gain access to HIV-related information, nor disclose this information to others, without specific, written consent of the client or the client's parent or legal guardian or a court order allowing disclosure. Record all disclosures of HIV-related information on the *Release of Confidential HIV Information*, form 470-3234.

Placement of HIV-Infected Children

Like all children, infants and children needing placement who are medically diagnosed as being HIV-positive or having AIDS, or are identified as at risk for HIV infection, are to be provided with the substitute care they need without delay.

Persons with HIV infection or AIDS are considered disabled under Section 504 of the Rehabilitation Act of 1973 and under the Americans with Disabilities Act. They have the same rights as anyone else to employment, health care, welfare, and social services. A child may receive "presumptive disability" payment from SSI when a medical provider confirms in writing that the child has HIV infection and other manifestations of the disease.

In order to ensure proper care of the HIV-infected child, place the child only with a foster or adoptive parent who is aware of and prepared to meet the additional responsibilities and demands that may be made. The parents shall have completed the course "Caring for Children with HIV" or an approved alternative before the placement, and shall also be made aware of supports that are available to them and the child.

Try to place each child in the most home-like setting where the child's emotional and physical needs can be met and where the risk of further infection from other viruses and bacteria will be minimized.

Make decisions regarding the type of setting in conjunction with your supervisor, the treating physician, and the potential caregiver. Consider the following items in choosing a placement:

- Age of the child.
- Behavior of the child.
- Degree of symptomatology of the child.
- Age and behavior of other children in the home.
- Ability of the caregiver to meet the child's physical and emotional needs.
- Proximity of caregiver to appropriate medical facilities.

Give particular attention to the sexual behavior or violent tendencies of both the child being placed and other children in the home. It would not be appropriate to place HIV-infected children in a home where sexual contact might occur or where there might be blood-to-blood contact due to violent acting out.

Successful placement of an HIV-infected child requires careful preparation. Before the HIV-positive child is placed:

- Follow the HIV/AIDS confidentiality policy as it applies to the disclosure of HIV-related information.
- Ensure that the caregiver has agreed to care for a child with HIV infection.
- Ensure that the caregiver has completed the course "Caring for Children with HIV" or an approved alternative.
- Inform the caregiver of the child's symptoms or diagnosis and secure the caregiver's written agreement to the placement. For a child who is considered at risk, but for whom testing is not yet completed, inform the caregiver, obtain the caregiver's written agreement to the placement, and arrange for testing to be completed as soon as possible. See HIV Testing of Children in Foster Care.

- Keep the child's name and other identifying information confidential until the placement is definite.
- Obtain written consent or court order authorizing disclosure.
- Review the Department's HIV/AIDS confidentiality policy with the caregiver. Stress the confidentiality of all HIV-related information and that disclosure of any HIV-related information without written consent is prohibited.
- Identify, discuss, and arrange, as necessary, the specific supports available to the caregiver. This includes, but is not limited to, difficulty of care payment, respite care, medical consultation, and support groups.

Children placed for adoption are eligible for adoption subsidy based on their HIV status.

HIV-positive children may be listed on adoption exchanges to locate appropriate homes for them. However, do not identify them in the listing as being HIV-positive. Instead, identify them as having "a serious medical condition which may affect life expectancy." Reveal the exact nature of the medical condition only to adoptive parents who have indicated a willingness to adopt an HIV-infected child.

Topic 10: International Adoptions

Link to Procedure

Families bringing children into Iowa for the purpose of adoption from countries outside of the United States must follow the procedures in Iowa Code Chapter 600, plus regulations of the federal Bureau of Citizenship and Immigration Services. International adoptions are usually facilitated by private agencies, certified adoption investigators, or private attorneys.

1. Refer families requesting assistance with an international adoption to the adoption program manager at the Department of Human Services, 1305 E. Walnut Street, Des Moines, IA 50319-0114 (515-281-5358).

2. If the child is placed by an agency located outside of Iowa, follow the procedures of the Interstate Compact on the Placement of Children.

Children From Outside the United States: Adoption Subsidies

A child who enters the United States from another country as an orphan for the purpose of adoption by a specific U.S. family is ineligible for subsidized adoption maintenance payments, medical assistance, or special services.

Such a child is eligible for nonrecurring expenses not to exceed $500, if the child meets the special needs criteria. To receive reimbursement for nonrecurring expenses, the family must:

1. File an application on form 470-0744, *Application for Subsidy*, and

2. Submit the following within two years of the date of the adoption decree:

   - A copy of the adoption decree.
   - *General Accounting Expenditure*, claim form GAX.
   - Receipts for the expenses to be reimbursed.

3. Complete form 470-0749, *Adoption Subsidy Agreement.*

If the adoptive placement disrupts before finalization or the parental rights of the adoptive parents are terminated after the adoption is finalized, and the Department or a licensed child-placing agency is named guardian of the child, the child may be eligible for one or more types of subsidy in another adoptive placement.

Topic 11: Types of Special Services Subsidy

Link to Procedure

Reimbursement to the adoptive family or direct payment to a provider may be provided for the following special services:

- Expenses for transportation, lodging or per diem related to preplacement visits, not to exceed $2,000 per family.
- Supplies and equipment as required by the child's special needs and unavailable through other resources. When a sibling group of three or more is placed together, a one-time-only payment can be made up to $500 per child.

  NOTE: When home modifications have been authorized as a special services subsidy to accommodate a child's special needs, and the family later sells the house, the family shall repay the Department an amount equal to the increase in the equity value of the home attributable to the modifications.
- Nonrecurring expenses necessary to finalize the adoption, such as attorney fees, limited to $500 per child. An additional $200 may be allowed for reasonable court costs and other related legal expenses. NOTE: This limit is established in state law. The Department does not have the authority to grant exceptions to state law.

  Attorney fees and court costs to finalize the adoption can be paid when the family has negotiated an *Agreement to Future Adoption Subsidy*, form 470-0762. The child is not eligible for additional benefits when the *Agreement to Future Adoption Subsidy* is negotiated.
- An additional premium amount to include the child in the family's health insurance coverage group due to the child's special needs.

  NOTE: An increase in the family's medical insurance premium for reasons other than adding a special needs child to the insurance policy is **not** covered as a special service subsidy.

  Before authorizing payments to cover the cost of adding an adopted child to the family's health insurance, refer the family to the Health Insurance Premium Payment Program (HIPP). Contact the IM worker for assistance. Authorize payments from the subsidy program only if the family is ineligible for HIPP coverage.
- Medical transportation not covered by Medicaid and the family's lodging and meals, if necessary, when the child is receiving specialized care or the child and family are required to stay overnight as part of a treatment plan.

- Outpatient counseling or therapy services. Reimburse for outpatient individual or family services provided by a non-Medicaid provider only with approval from the service area manager or designee when one of the following applies:
  - Medicaid services are not available within a reasonable distance from the family.
  - The child and the family were already receiving therapy or counseling from a non-Medicaid provider, and it would not be in the child's best interest to disrupt the services.
  - Available Medicaid providers lack experience in working with foster, adoptive, or blended families.

  Reimbursement shall be limited to the Medicaid rate.
- Funeral benefits at the amount allowed for a foster child in accordance with XIII-J(1), FUNERAL EXPENSES.
- Child care when:
  - The family entered into a presubsidy or subsidy agreement on or before June 30, 2004, and
  - The subsidy agreement contains a provision for child care reimbursement.

  Child care services are available through the Department's Child Care Assistance program (CCA) to families that meet the CCA eligibility guidelines. The amount of the adoption subsidy is excluded from consideration toward the income eligibility limit for CCA.

  At the family's request, assist the family in completing the *Child Care Assistance Eligibility Worksheet*, form 470-4057, to determine if an adoptive family should be referred to the Child Care Assistance program.

Topic 12: Interstate Compact on Adoption and Medical Assistance

Link to Procedure

The Interstate Compact on Adoption and Medical Assistance (ICAMA) was established pursuant to the Public Law 99-272 and makes children receiving federally funded adoption assistance eligible for Medicaid coverage in the state in which they reside. ICAMA covers IV-E-eligible children who are placed for adoption or have been adopted and have a current Adoption Subsidy Agreement for subsidy or presubsidy assistance.

The goal of ICAMA is to provide uniformity and consistency of policy and procedures concerning medical assistance when a family in another state adopts a child with special needs or the adoptive family moves to another state. ICAMA member states are listed below:

Alabama	Idaho	Mississippi	Oregon
Alaska	Illinois	Missouri	Pennsylvania
Arizona	Indiana	Montana	Rhode Island
Arkansas	Iowa	Nebraska	South Carolina
California	Kansas	Nevada	South Dakota
Colorado	Kentucky	New Hampshire	Texas
Connecticut	Louisiana	New Jersey	Utah
Delaware	Maine	New Mexico	Virginia
District of Columbia	Maryland	North Carolina	Washington
Florida	Massachusetts	North Dakota	West Virginia
Georgia	Michigan	Ohio	Wisconsin
Hawaii	Minnesota	Oklahoma	

The adoption program manager in the Division of Child and Family Services serves as the ICAMA compact administrator for Iowa. The adoption program manager maintains a database on all adopted children who move from Iowa or are placed in another state and children who enter Iowa from other states.

Based on this model, a number of states have established Medicaid reciprocity agreements to cover each other's non-IV-E-eligible children who are placed across state lines or whose family moves away from the state where the adoption was finalized.

A child with an adoption subsidy agreement from Iowa that moves to a state that provides Medicaid reciprocity will be eligible for Medicaid in that state even if the child is not IV-E-eligible and does not qualify for any of that state's regular coverage groups.

States with Medicaid reciprocity agreements are:

Alabama	Indiana	Missouri	South Dakota
Alaska	Iowa	Montana	Tennessee
Arizona	Kansas	New Jersey	Texas
Arkansas	Kentucky	North Carolina	Utah
California	Louisiana	North Dakota	Vermont
Colorado	Maine	Ohio	Virginia
Connecticut	Maryland	Oklahoma	Washington
Delaware	Massachusetts	Oregon	West Virginia
Florida	Michigan	Pennsylvania	Wisconsin
Georgia	Minnesota	Rhode Island	Wyoming
Idaho	Mississippi	South Carolina	

NOTE: States bordering Iowa that do **not** provide reciprocal Medicaid are Illinois and Nebraska.

Iowa Children Who Reside in or Move to Another State

When a child from Iowa is placed for adoption in another state, or a child with special needs moves from Iowa to another state with the preadoptive or adoptive family, send the following to the adoption program manager.

- A copy of form 470-0749, *Adoption Subsidy Agreement*.
- A completed form 470-3699, *ICAMA Notice of Medicaid Eligibility/Case Activation* (ICAMA form 6.01).

Follow this procedure for both IV-E-eligible and non-IV-E-eligible children who move from Iowa to another state or are placed for adoption in another state.

Iowa will continue medical benefits listed in an initial subsidy agreement regardless of the state of residence for an Iowa child, if a medical assistance program in the child's current state of residence does not cover the child.

When There Is IV-E Eligibility

When the child leaving Iowa is IV-E-eligible, the adoption program manager will:

- Inform the adoptive family that the state they are moving to has been notified that their child is eligible to receive Medicaid benefits in that state.

- Send the adoptive family the following documentation:
  - Form 470-3699, *ICAMA Notice of Medicaid Eligibility/Case Activation* (ICAMA form 6.01)
  - Form 470-3700, *ICAMA Notice of Action* (ICAMA form 6.02)
  - A copy of the current *Adoption Subsidy Agreement*

The ICAMA administrator in the family's new resident state is responsible for:

- Determining the child's Medicaid eligibility based on the documentation provided and issuing the Medicaid eligibility card.
- Notifying Iowa of the child's Medicaid status.

When the ICAMA administrator receives notice that the IV-E-eligible child is receiving Medicaid from another state, the notice will be sent to the IV-E IM worker, who will close the Medicaid case. Advise the family that Iowa will continue to provide the monthly IV-E adoption maintenance payment or special services subsidy.

When there is a change in the child's situation (address, subsidy status, etc.) or the adoption subsidy is reviewed, complete form 470-3701, *ICAMA Report of Change in Child/Family Status* (ICAMA form 6.03). Send it to the adoption program manager along with a copy of the current *Adoption Subsidy Agreement*.

The adoption program manager will send a copy of the documents to the ICAMA administrator in the family's state of residence.

When There Is No IV-E Eligibility

When an Iowa adoptive family for a child who is not IV-E-eligible moves to another state and the state does not provide COBRA reciprocity, the adoption program manager will notify the other state.

Instruct the family to apply for Medicaid for the child in their state of residence.

- If the child is approved, the Iowa Medicaid will be canceled.
- If the child is not approved, advise the family to seek services from providers who are or will apply to become an Iowa Medicaid provider.

Iowa children who are not IV-E-eligible are eligible for coverage by Iowa's Medicaid program, whether residing in Iowa or in another state. Follow the normal procedure for communicating with the IM worker and establishing Medicaid eligibility.

The subsidized adoption program **does not** cover inpatient services. If the child needs extended inpatient treatment (e.g. residential treatment) the family's private health insurance may cover the inpatient treatment. If not, the family shall seek resources from the state of residence.

Children From Other States Residing in Iowa

In compliance with Public Law 99-272, IV-E-eligible children from other states whose adoptive families move to Iowa are eligible for Iowa Medicaid. Non-IV-E-eligible children may apply for Iowa Medicaid. If they are eligible under a program other than COBRA, they will receive a medical card.

When a child with an adoption assistance agreement moves into Iowa, the adoption program manager will send form 470-3699, *ICAMA Notice of Medicaid Eligibility/Case Activation* (ICAMA form 6.01), to the IV-E IM worker for the service area where the child resides.

If you receive inquiries from families about IV-E-Medicaid coverage:

1. Review documentation of the child's IV-E eligibility. If the family does not have IV-E documentation, request that the family secure the required documentation from the other state. Accept the following as documentation of IV-E eligibility:
   - ♦ A letter or form from the other state indicating that the child is IV-E-eligible, or
   - ♦ Documentation that the child received SSI before or after being adopted, or
   - ♦ Verification from the Social Security Administration indicating that the child meets the requirements for SSI but has never received SSI benefits.
2. Review a copy of the adoption assistance agreement signed by the other state. (This may also contain the verification of Title IV-E eligibility.)
3. Request verification of any other medical resources that the family may have, such as private health insurance, CHAMPVA, or company medical insurance.

4. Have the parents complete form 470-2927 or 470-2927(S), *Health Services Application*, and submit it to the IV-E IM worker.

5. Explain Iowa's Medicaid program to the family and provide Comm. 20, "Your Guide to Medicaid," and Comm. 51, "Information Practices."

6. Advise the family that Iowa is not responsible for maintenance or special services subsidy for the child.

7. Advise the family to notify the Department if they move from the state or the child's subsidy ends.

STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

March 28, 2008

GENERAL LETTER NO. 17-F(3)-1

ISSUED BY: Bureau of Child Welfare,
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter F(3), ***ADDITIONAL PERMANENT PLACEMENT INFORMATION***, Title page, new; Contents (page 1), new; and the following sections, new:

Topic 1: Definition of Terms Used in Permanent Placement
Topic 2: Grounds for Termination of Parental Rights
Topic 3: Registration of Children on Iowa Adoption Exchange System
Topic 4: Photo Listing of Child
Topic 5: Record Check Process
Topic 6: PS-MAPP Program
Topic 7: Identifying Relative Placements
Topic 8: Fees for Adoption Services
Topic 9: Children With HIV or AIDS
Topic 10: International Adoptions
Topic 11: Types of Special Services Subsidy
Topic 12: Interstate Compact on Adoption and Medical Assistance

Summary

Employees' Manual Chapter 13-C, ***ADOPTION SERVICES***, and Chapter 13-C(1), ***ADOPTION SUBSIDY***, have been redesigned into policy, procedure, and practice guidance subchapters reflecting the phase in the life of a child welfare case pertinent to permanent placement.

Hypertext links in all of the chapters connect to the other permanent placement chapters, additional information on a topic, or a specific form or tool.

The new permanent placement chapters include:

- 17-F, ***PERMANENT PLACEMENT POLICY***, which contains succinct, "high level" statements that summarize the essence of the associated laws, rules, and Department-required practice.
- 17-F(1), ***PERMANENT PLACEMENT PROCEDURES***, which tells what the Department service worker should do in the logical order of when and how to do the work.
- 17-F(2), ***PERMANENT PLACEMENT PRACTICE GUIDANCE***, which provides background information to support the procedures or policy and the clinical or programmatic rationale for the actions that are required.

This letter issues new chapter 17-F(3), ***ADDITIONAL PERMANENT PLACEMENT INFORMATION***, which contains information that is lengthy or used only in specific situations.

Effective Date

Upon receipt.

Material Superseded

None.

Additional Information

Refer questions about this general letter to your area service administrator.

STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

June 20, 2008

GENERAL LETTER NO. 17-F(3)-2

ISSUED BY: Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter F(3), ***ADDITIONAL PERMANENT PLACEMENT INFORMATION***, Topic 2: "Grounds for Termination of Parental Rights," page 2, revised.

Summary

This letter reflects legislative changes to Iowa Code sections 232.102, "Transfer of legal custody of a child and placement," and 232.116, "Grounds for termination," as a result of Senate File 2212, enacted by the 2008 session of the Iowa General Assembly.

This Code change allows the court to consider a prior termination of parental rights that occurred in another state to a child in the same family as an aggravated circumstance to waive reasonable efforts, or as grounds to file termination of parental rights.

Effective Date

July 1, 2008

Material Superseded

Remove the following page from Employees' Manual, Title 17, Chapter F(3), and destroy it:

Page	Date
Topic 2	
2	March 28, 2008

Additional Information

Refer questions about this general letter to your area social work administrator.